

APPENDICES

This form is not to be completed by the applicant

**SCORING TOOL FOR THE TECHNICAL APPLICATION
MEDI-CAL ASSISTED LIVING WAIVER PILOT PROJECT**

Applicant Name:	Total Score
Evaluator #:	
Date:	

Definition of Terms:

Adequate – meets minimum requirements and supplies the information and detail as requested in the RFA.

More than adequate – Goes beyond the minimum requirements and supplies additional information and detail beyond that requested in the RFA.

Stage 2 – Narrative Application

Executive Summary Rating Factors (Not to exceed 3 pages)	Points Possible	Points Earned
<i>Instructions to Evaluators:</i> <i>0=Applicant restates or paraphrases information in the RFA</i> <i>1=Applicant restates some information in the RFA, adds some additional language but does not adequately address the question.</i> <i>2=Applicant adequately addresses the question.</i>		
To what extent did the application express an understanding of DHS' needs and the importance of this project?	2	
To what extent did the application demonstrate the tangible results that it expects to achieve?	2	
To what extent did the application express a sincere commitment to perform this work in an efficient and timely manner?	2	
To what extent did the application demonstrate that it can effectively integrate the project into its' current obligations and existing workload?	2	
To what extent did the application adequately explain why it should be chosen to undertake this project at this time?	2	

Subtotal of Points Earned	10	
Agency Capability	Points Possible	Points Earned
<i>Instructions to Evaluators:</i> <i>0=Applicant restates or paraphrases information in the RFA</i> <i>1=Applicant restates some information in the RFA, adds some additional language but does not adequately address the question.</i> <i>2=Applicant adequately addresses the question.</i> <i>3=Applicant more than adequately addresses the question.</i>		
To what extent are the goals of the firm relevant or complementary to this project?	3	
From the description in the application, to what extent does the applicant possess sufficient experience with:		
<ul style="list-style-type: none"> Developing and managing state-level pilot project(s) in California or in other states, which focus on long-term health care and/or publicly funded housing for senior and disabled persons. 	3	
<ul style="list-style-type: none"> Researching and/or developing programs and benefits which meet Medicaid and/or Medicare requirements. 	3	
<ul style="list-style-type: none"> Establishing and maintaining contracts and/or agreements with local and State governments. 	3	
<ul style="list-style-type: none"> Managing project(s) which utilize multiple professionals, for example, administrative staff, clinical staff/consultants, auditors, information technology staff, public relations developers, researchers and others. 	3	
<ul style="list-style-type: none"> Working with assisted living facilities and publicly funded health care and/or housing provider agencies in a collaborative manner. 	3	
<ul style="list-style-type: none"> Convening stakeholder forums and workgroups in a variety of cultural and/or socio-economic settings. 	3	
<ul style="list-style-type: none"> Developing and/or implementing quality assurance and improvement protocols in the health care arena; including consumer quality initiatives. 	3	
<ul style="list-style-type: none"> Working with other States or federal agencies on reimbursement methodologies for assisted living under Medicaid. 	3	

Based on a review of the applicant's prior accounts or work projects in the past 3 years, identify previous consultative activities that were similar in nature or closely related to the RFA scope of work.	3	
To what extent did the applicant demonstrate experience establishing and maintaining effective working relationships with government entities and local community based programs?	3	
To what extent did the applicant's prior clients as a whole, confirm their satisfaction with the applicant's past work and ability to deliver timely and effective services and deliverables? <i>See Appendix 4 for reference check questions.</i>	3	
Subtotal of Points Earned	36	

Work Plan	Points Possible	Points Earned
<i>Instructions to Evaluators:</i> <i>0=Applicant restates or paraphrases information in the RFA</i> <i>1=Applicant restates some information in the RFA, adds some additional language but does not adequately address the question.</i> <i>2=Applicant adequately addresses the question.</i> <i>3=Applicant more than adequately addresses the question.</i>		
To what extent does the applicant's Work Plan describe in detail the specific activities for each of the eight tasks? Are all the required deliverables for each task adequately addressed?		
• Develop the federal waiver application.	3	
• Develop and finalize the assisted living provider reimbursement methodology and provider payment system?	3	
• Design and plan ALWPP, conduct site and provider selection?	3	
• Develop and present training sessions and materials for ALWPP providers and staff?	3	
• Develop and publish ALWPP participant enrollment information?	3	
• ALWPPP implementation?	3	
• Contribute to an ALWPP evaluation report?	3	
To what extent are the applicant's overall approaches and/or methods comprehensive and/or technically sound for each of the eight tasks?	3	
To what extent did the applicant offer a rational basis for choosing its particular approaches and methods (i.e., proven success or past effectiveness)?	3	

effectiveness)?		
To what extent are the proposed procedures, methods and approaches appropriate and reasonable (i.e., if implemented, are they likely to produce the desired results)?	3	
To what extent will the applicant perform the tasks/activities and functions in a logical order?	3	
To what extent are the proposed performance timelines realistic and achievable?	3	
To what extent does the applicant describe how it will propose strategies for DHS consideration and approval.	3	
Subtotal of Points Earned	42	

Management Plan	Points Possible	Points Earned
<i>Instructions to Evaluators:</i> <i>0=Applicant restates or paraphrases information in the RFA</i> <i>1=Applicant restates some information in the RFA, adds some additional language but does not adequately address the question.</i> <i>2=Applicant adequately addresses the question.</i> <i>3=Applicant more than adequately addresses the question.</i>		
To what extent has the applicant demonstrated its capability to effectively coordinate, manage and monitor the efforts of assigned staff including subcontractors and consultants, to ensure that work is effectively completed and timely?	3	
Upon reviewing the applicant's organization chart in the Appendix Section, to what extent is the applicant's organizational structure sound with distinct lines of authority and reporting relationships between management and all staff including subcontractors and consultants?	3	
To what extent does the applicant describe an organization that can provide project services under the contract such as clinical, research, actuary, accounting, information management, administrative, policy experts, etc?	3	
To what extent does the applicant describe fiscal accounting processes and budgetary controls that will adequately manage contract funds?	3	
Subtotal of Points Earned	12	
SUBTOTAL NARRATIVE APPLICATION/STAGE 2	100	

Stage 3

Applicants must achieve a score of 70% or more in Stage 2 to be eligible to receive the following bonus points.

Program Enhancements - 10 Total Points Possible	Points Possible	Points Earned
<p>To what extent does the applicant exceed the minimum requirements of the Scope of Work by suggesting innovation and/or enhancements to achieving the goals of the pilot project as described in Exhibit A?</p> <p>Reviewer: <i>Award one point for each innovation and/or enhancement up to 5 points maximum. Award 0 points if there are no innovations or enhancements. If more than 5 enhancements are presented, award no more than 5 points. Write in the name or title of the innovation or enhancement earning each point. Write one summary sentence, which captures the nature of the enhancement.</i></p> <p><i>0=No innovations or enhancements</i> <i>1=Describe innovation:</i></p> <p><i>2=Describe innovation:</i></p> <p><i>3=Describe innovation:</i></p> <p><i>4=Describe innovation:</i></p> <p><i>5=Describe innovation:</i></p>	<p>5</p>	

<p>To what extent does the applicant present in the Work Plan coordination of the Assisted Living Waiver Pilot Project with clinical studies and/or research regarding the community-based management of patients with chronic care needs? Examples may include: dementia, diabetes, Alzheimer's Disease, congestive heart failure, hypertension, heart disease, stroke, fractures and/or other conditions.</p> <p><i>0=No coordination with research is proposed.</i> <i>1=Yes, a study is planned and described by the applicant in general terms, but the goal and the target population is unclear.</i> <i>2=Yes, a study is planned and described by the applicant but the target population is unclear.</i> <i>3=Yes, a study is planned and described by the applicant, but the goals and/or target population does not link well to the goals of the Assisted Living pilot project.</i> <i>4=Yes, a study is planned and described by the applicant in detail, a research partner is named, the goals are clear, but no evidence for potential available funding was submitted by the applicant.</i> <i>5=Yes, a study is planned and described by the applicant in detail, a research partner named, the goals link well to the pilot project, and evidence for potential available funding for the study has been submitted by the applicant with this application.</i></p> <p>Reviewer: Award 0-5 points. Write a brief description of the coordinated study or research, if applicable.</p>	<p>5</p>	
<p>Total Bonus Points</p>	<p>10</p>	

Data Library and Bibliography
Assisted Living Under Medicaid and Related Topics

Robert L. Mollica, National Academy for State Health Policy & Robert Jenkins, NCB Development Corporation, ***State Assisted Living Practices and Options: A Guide for State Policy Makers***, September 2001

Robert Mollica, ***State Assisted Living Policy: 2000***, National Academy for State Health Policy, under a grant from The Retirement Research Foundation, Chicago, Illinois, July 2000.

Gary Smith, Janet O'Keeffe, Letty Carpenter, Pamela Doty, Gavin Kennedy, Brian Gurwell, Robert Mollica and Loretta Williams, ***Understanding Medicaid Home and Community Services: A Primer***, George Washington University, Center for Health Policy Research, October 2000.

Julie Cheeka, ***Assisted Living State Regulatory Review***, National Center for Assisted Living, January 2000.

Robert Newcomer, Ph.D. and Robert Maynard, M.B.A., ***A Primer on Residential Care Facilities for the Elderly***, University of California, San Francisco for the California HealthCare Foundation's Quality Initiative, ISBN 1-929008-81-3, 2002.

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Medi-Cal Policy Institute, ***Medicaid Waivers: California's Use of a Federal Option***, ISBN 1-929008-28-7, March 2000.

U.S. Department of Health and Human Services/Agency for Healthcare Research and Quality, ***Future Directions for Residential Long Term Care Health Services Research***, Prepared by: William D. Spector, et. al, ISBN 1-58-763-015-X, October, 1999.

Charlene Harrington, Ph.D., et al. ***A Review of Federal Statutes and Regulations For Personal Care and Home and Community Based Services: A Final Report***, Department of Social and Behavioral Sciences, University of California, San Francisco, July 1999.

Robert Wilden and Donald L. Redfoot, ***Adding Assisted Living Services To Subsidized Housing: Serving Frail Older Persons With Low Incomes***, Public Policy Institute, AARP, #2002-01, January 2002.

The Home Care Research Initiative, ***The Use of Nursing Home and Assisted Living Facilities Among Private Long-Term Care Insurance Claimants: The Experience of Disabled Elders***, Center For Home Care Policy and Research, Visiting Nurse Service of New York, Spring 2002.

Catherine Hawes, Ph.D., et al., ***A National Study of Assisted Living for the Frail Elderly, Executive Summary: Results of a National Survey of Facilities***, Myers Research Institute, Menorah Park Center for Senior Living, Prepared for the Office of Disability, Aging and Long Term Care Policy, Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, Public Policy Institute, Research Group, AARP, November 1, 1999.

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Wendy Fox-Grage, et.al., Forum for State Health Policy Leadership, National Conference of State Legislatures, Alzheimer's Disease and Related Dementias: A Legislative Guide, March 2000.

Robert Newcomer and Robert Maynard, **Residential Care for Older Californians**, California Policy Research Center, University of California, 2000.

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Kathleen McGarry and Brian Kaskie, **The Economic Well-Being of Older Californians**, California Policy Research Center, University of California, 2000

Brian Kaskie and Susan Ettner, **The Mental Health Status of Older Californians**, California Policy Research Center, University of California, 2000.

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Robyn I. Stone with Joshua M. Wiener, **Who Will CARE for Us? Addressing the Long-Term Care Workforce Crisis**, The Robert Wood Johnson Foundation, the Institute for the Future of Aging Services and The Urban Institute, October 2001.

Robyn I. Stone, Ph.D, **Putting Caring Back Into Caregiving**, September, 2000.

Charlene Harrington, Ph.D, et al., **The Role of Medi-Cal in California's Long-Term Care System**, Medi-Cal Policy Institute University of California, San Francisco, December 2000.

Steven Lutzky, Ph.D., et al., The Lewin Group, **Review of the Medicaid 1915(c) Home and Community Based Services Waiver Program Literature and Program Data, Final Report**, Department of Health and Human Services Health Care Financing Administration, June 15, 2000.

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Enid Kassner, ***Medicaid Financial Eligibility for Older People: State Variations in Access To Home and Community-Based Waiver and Nursing Home Services***, Public Policy Institute, American Association of Retired Persons and Lee Shirey, National Academy on an Aging Society; #2000-06, April, 2000.

Center for Health Care Strategies, Inc., ***Working Paper: Education Outreach to Residents of Utah's Nursing Facilities and Swing Bed Hospitals***, Utah Department of Health, Division of Health Care Financing, Long-Term Care Unit under The Robert Wood Johnson Foundation's Medicaid Managed Care Program, May 2002.

Multiple Federal Agencies, ***Delivering the Promise***, a preliminary report of the Federal Agencies' actions to eliminate barriers and promote community integration under the New Freedom Initiative, presented to the President of the United States, December 21, 2001.

State of Oregon, ***1915(c) Waiver Application For Aged and Disabled Persons***, October 1996. *This resource is an example of a federal waiver application which includes assisted living along with other home and community-based services as an alternative to the in-patient, nursing facility benefit under the Medicaid program.*

Eric Carlson, ***Residential Care Facilities for the Elderly (RCFEs): A Summary of Laws Pertaining to Residents' Health Care Needs***, National Senior Citizens Law Center, Los Angeles, California, July 2002. *This resource was provided by the author to the DHS/Assisted Living Workgroup and related sub-committees. This document is intended to provide some analysis on the subject of health care services provided in the context of current licensed RCFE regulation and law.*

Sara Rosenbaum, et.al., ***Working Paper: Negotiating the New Health System: Findings from a Nationwide Study of Medicaid Primary Care Case Management Contracts***, Center for Health Services Research and Policy, The George Washington University, Funded by the Center for Health Care Strategies, Inc., under The Robert Wood Johnson Foundation's Medicaid Managed Care Program, June 2002.

Christina Bethell, PhD, et.al., ***A Portrait of Informal Caregivers in America, 2001***, A Report from The Robert Wood Johnson Foundation National Strategic Indicator Surveys and The Foundation for Accountability, May 2001.

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CDHS, **List of Organizations Interested in Assisted Living**, Assisted Living Workgroup participants by organization name, October 9, 2002.

42 Code of Federal Regulations (CFR) Part 441, Subpart G—**Home and Community-Based Services: Waiver Requirements**, downloaded October 15, 2002.

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Assisted Living Under Medicaid and Related Topics

Pertinent Law and Regulation

Medi-Cal State Plan Scope of Benefits

Welfare & Institutions Code Section 14132

Available at <http://www.leginfo.ca.gov/calaw.html> Search in W& I Code

Medicaid State Plans also available at <http://www.cms.hhs.gov/medicaid/stateplans/>

Click on Choose a State

Health & Safety Code

Available at <http://www.leginfo.ca.gov/calaw.html>

- Section 1250(d) -- Intermediate Care Facility
- Section 1250(c) -- Skilled Nursing Facility

California Code of Regulations (CCR), Title 22

Available at <http://www.calregs.com/>

Div. 3, Sub-Division 1

Section 50000 California Medical Assistance Program (Medi-Cal)

Section 51176 Home & Community Based Services

Section 51183 Personal Care Services Program (PCSP)

Section 50045, et.seq. Medi-Cal Eligibility

Section 51125, et.seq. Home Health Agency

Department of Social Services/Community Care Licensing/Residential Care for the Elderly

- CA Code of Regulations Title 22, Section 8710 et.seq.
- Available at http://www.dss.cahwnet.gov/ord/CCRTitle22_241.htm

Other Internet Resources

California Legislative Counsel, Bill Information (track State legislation in current or past sessions) at <http://www.leginfo.ca.gov/bilinfo.html>

Centers for Medicare and Medicaid Services (CMS), ***Waiver and other Medicaid information***, located at

<http://www.cms.hhs.gov/states/> and

<http://www.cms.hhs.gov/medicaid/waivers/default.asp>

California Department of Health Services (CDHS), ***Medi-Cal Information***, located at <http://www.dhs.ca.gov/mcs/mcpd/MEB/MCInformation/INDEX.HTM>

CDHS, ***Medi-Cal Publications, Medi-Cal Provider Manuals*** and related items, located at <http://www.medi-cal.ca.gov/> and http://files.medi-cal.ca.gov/pubsdoco/Pubsframe.asp?hURL=/Pubsdoco/Manuals_menu.asp

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Senate Special Committee on Aging, (Federal) ***Assisted Living Workgroup***, Topics, Issues, and Recommendations, located at <http://www.aahsa.org/alw.htm#rr>

Assisted Living Workgroup Project Website

Lists Various Resources

Available at <http://www.projects.cahwnet.gov/> sign in as guest.

California Department of Social Services, ***Community Care Licensing, California Code of Regulations, Residential Care for the Elderly***, located at http://www.dss.cahwnet.gov/ord/CCRTitle22_241.htm

U.S. Department of Housing and Urban Development (HUD), ***What is Public Housing?*** and other items located at <http://www.hud.gov/renting/phprog.cfm>

U.S. Social Security Administration, ***Supplemental Security Income (SSI)*** explained and other items located at <http://www.hud.gov/renting/phprog.cfm>

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California Department of Health Services, ***Medi-Cal Provider Manuals and Bulletins*** and other items, located at <http://files.medi-cal.ca.gov/pubsdoco/pubframe.asp>

California Department of Health Services, ***Medi-Cal In-patient Nursing Facility Rates*** and other items, located at http://files.medi-cal.ca.gov/pubsdoco/publications/masters/0300mm/108_L.doc

California Department of Managed Health Care, ***Organization Requirements*** and other items located at <http://www.dmc.ca.gov/>

California Department of Health Services, ***Medical Care Statistics***, located at <http://www.dhs.ca.gov/mcss/>

California Department of Health Services, Office of Long Term Care, ***Long Term Care Integration and Programs of All Inclusive Care for the Elderly (PACE)***--Medi-Cal managed care contracts that provide the full continuum of medical, social and long term care services to nursing home eligible Californians age 55 and over and other items located at <http://www.dhs.ca.gov/director/OLTC/html/LTCLunit.htm>

Long Term Care Council and Olmstead Planning Information

Available at <http://www.chhs.ca.gov/longtermcare.html>

Office of Statewide Health Care Planning and Development

Various statewide data resources

Available at <http://www.oshpd.state.ca.us/hid/index.htm>

California Housing Finance Agency

Multi-family unit housing development programs

Available at <http://www.chfa.ca.gov/>

California Housing and Community Services Department

Available at <http://www.hcd.ca.gov/>

GLOSSARY

MEDI-CAL ASSISTED LIVING WAIVER PILOT PROJECT

Activities of Daily Living (ADL) -- The National Institute on Disability and Rehabilitation Research (NHIS) defines the ADLS as bathing, dressing, eating, and getting around the home.
(see also **IADL**).

Instrumental Activities of Daily Living (IADL) -- The NHIS includes as IADLs doing household chores, doing necessary business, shopping, and getting around for other purposes.

Medi-Cal -- Medi-Cal is California's version of the federal Medicaid program. Medi-Cal provides a scope of health care benefits for those who are low income and/or those who meet eligibility requirements. The California Department of Health Services is the Single Medicaid Agency responsible for the administration of Medi-Cal statewide.

Medicare -- Medicare is the federal health insurance program for elderly persons and for persons who have eligible conditions. Medicare is administered by the Centers for Medicare and Medicaid Services (CMS).

Waiver -- In this RFA, "waiver" refers to a waiver of a specified section of the federal Social Security Act. In California, a waiver application is submitted by CDHS and is then reviewed and approved by the Centers for Medicare and Medicaid Services (CMS). Typically federal waivers are used to provide flexibility to States in serving specific populations with benefits different in scope or duration than can be offered under the Medicaid State Plan.

Medi-Cal State Plan Services -- Medi-Cal State Plan services are mandatory (required by the Social Security Act) and optional categories of services (identified by each state) identified in the Medi-Cal State Plan. Medi-Cal State Plan services are available statewide to all who are eligible. Medi-Cal State Plan services include primary care, inpatient hospital services, emergency care, nursing facility services, intermittent home health agency services, prosthetics, orthotics, emergency transportation, drugs, and durable medical equipment. Personal Care Services Program (PCSP) is a Medi-Cal State Plan service and is described below. Adult Day Health Care (ADHC) is also a State Plan service.

Home and Community Based Services (HCBS) Waivers -- HCBS waivers are optional waivers under section 1915(c) of the federal Social Security Act intended to serve eligible populations in a community setting as cost neutral alternatives to providing services in a health care institution. In California, CDHS administers a

number of HCBS waivers that enable health and supportive services to be provided in community settings; including Nursing Facility A/B Waiver, Subacute Waiver, Multipurpose Senior Services Program (MSSP) Waiver, AIDS Waiver and Developmental Disability Services Waiver.

Freedom of Choice Waiver – This is a waiver under section 1915(b) of the Social Security Act and typically is required if there is a mandatory enrollment of specified Medi-Cal eligible individuals into a managed care plan, when all information requirements are met.

Demonstration Waiver – This waiver is required for State innovations under Medicaid as described in section 1115 of the Social Security Act.

Cost Neutrality – Cost neutrality requirements for HCBS waivers are stated in section 1915(c) of the Social Security Act and in 42 CFR 441 Subpart G and in The State Medicaid Manual found on the internet at <http://cms.hhs.gov/manuals/cmstoc.asp> . Costs to Medi-Cal for an individual enrolled in a HCBS waiver must be equal to or less than what Medi-Cal would pay annually if he/she were provided inpatient services in a health care institution; e.g., acute care hospital, sub-acute facility or nursing facility. HCBS waivers must identify the level and cost of the inpatient health care alternative for cost comparison purposes. Cost comparisons must include costs of both Medi-Cal waiver services and Medi-Cal State Plan services.

Residential Care for the Elderly (RCFE) – This is the name of the licensure program administered by the Department of Social Services/Community Care Licensing. RCFE is a non-medical, community-based housing option for elderly individuals. Licensed RCFEs provide care and supervision as defined by the applicable regulation and law. Facilities in California marketing themselves as Assisted Living facilities are typically licensed by DSS/CCL as RCFEs.

Care Management and Coordination – For the purposes of this RFA, care management and coordination means the planning and management of health and supportive services provided in a community setting to an eligible participant.

Nursing Facility (NF) (aka NF B) – A nursing facility is an in-patient facility licensed by the Department of Health Services, Licensing and Certification. Payment for nursing facility services under the Medi-Cal program is based on a per diem rate. Beneficiaries eligible for nursing facility services must meet functional level of care requirements. In California, a Nursing Facility often refers to a skilled nursing facility or Nursing Facility B (NF B) level. Patient needs for NF B are located at CCR Title 22, section 51335.

Intermediate Care Facility (ICF) (aka NF A) – An Intermediate Care Facility is an inpatient health care facility and is referred to as a Nursing Facility A (NF A) level. Patient needs for NF A or ICF are located at CCR Title 22, section 51334.

Community Deeming Rules – This refers to a Medi-Cal eligibility assessment of an individual's financial resources and assets when residing in the community.

Institutional Deeming Rules – This refers to Medi-Cal eligibility assessment of financial resources and assets **as if** or when an individual resides in a health care institution. Typically this refers to the option of allocating financial assets or resources to a spouse or parent of a minor for the purposes of achieving Medi-Cal eligibility. The eligible individual must otherwise be functionally and/or medically eligible for inpatient care under the Medi-Cal program and at the appropriate level.

Personal Care Services Program (PCSP) -- Personal Care Services Program is a State Plan benefit under the Medi-Cal program and is available to all who are eligible. PCSP is administered by the Department of Social Services through an Interagency Agreement with CDHS and is administered much like the State and county-funded In-Home Supportive Services (IHSS) residual program. PCSP provides assistance with activities of daily living such as bathing, eating and dressing. PCSP, as a State Plan benefit, is prohibited in licensed residential care facilities for the elderly. Assisted Living statute enables the State to waive this prohibition, if necessary, for the purposes of the Assisted Living Waiver Pilot Project only.

In-Home Supportive Services (IHSS) – IHSS is the State and County funded residual program and is similar to the PCSP benefit. IHSS hours are authorized by social workers in counties or in some cases, by a local authority and/or agency contracted to administer the program. A uniform assessment instrument is used by social workers to authorize either IHSS or PCSP, depending on an individual's eligibility and functional assessment.

Supplemental Security Income/State Supplemental Payment (SSI/SSP) – SSI is the tax supported, income maintenance program for those individuals who are disabled and whose income is not sufficient to meet basic needs. SSP is the optional State Supplemental Payment (SSP) amount that augments the basic SSI level and which typically is intended to cover out of home basic needs of shelter, food and personal needs. The federal Social Security Administration administers SSI and California's SSP program. Effective January 1, 2002, SSI/SSP levels are:

Who	Total	SSI	SSP
Living independently			
Individual	\$750	\$545	\$205
Couple	\$1332	\$817	\$515
Non-Medical Out of Home Care*			
Individual	\$918	\$545	\$373
Couple	\$1836	\$817	\$1019

****Each resident in a licensed residential facility must retain \$106 for personal needs.***

Non-Medical Out of Home Care (NMOHC) – NMOHC is the name for the level of SSI/SSP allowed for individuals in California who live in a licensed residential facility or who receive care and supervision in the home of a relative. Individuals who receive SSI/SSP and who live in licensed facilities must keep \$106 for personal needs.

Long Term Care Integration – The CDHS Office of Long Term Care administers grants to eligible local entities for the purpose of planning integration of Medicare and Medi-Cal long term care services under a capitation of State and federal dollars for Medi-Cal and Medicare for each beneficiary served and to meet requirements of both programs.

Housing and Urban Development (HUD) – Housing and Urban Development (HUD) is the federal agency that administers federal housing subsidy programs for single and multiple family rental units and/or projects.

California Housing and Community Services Development (HCD) -- The mission of HCD is to provide leadership, policies and programs to expand and preserve safe and affordable housing opportunities and promote strong communities.

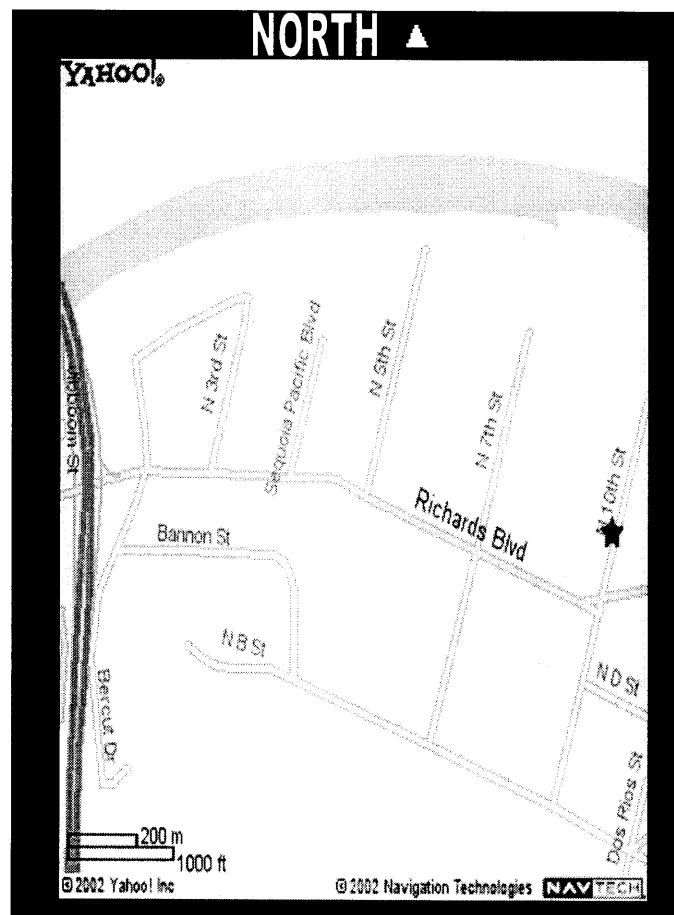
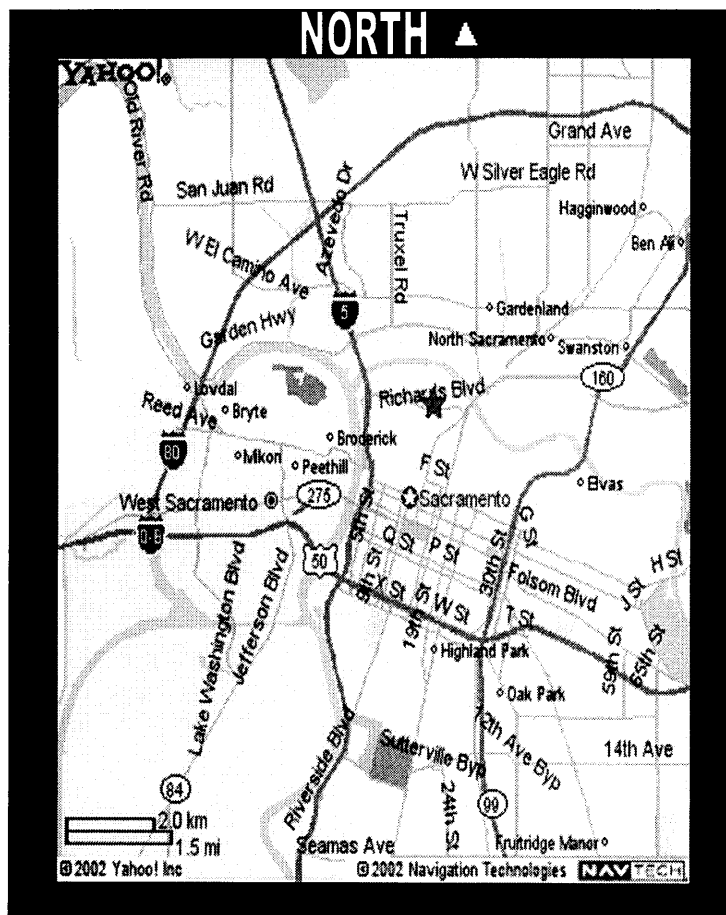
California Housing and Finance Agency (CHFA) -- California Housing and Finance Agency administers various financing options for low cost housing.

**Applicant Reference Check Questions
Assisted Living Waiver Pilot Project**

Applicant Name		
Reference Name		
Reference Contact Person		
Reference Contact Telephone Number		
1.	Describe the nature of the contract work done for your State and/or your organization.	
	What were the timeframes required for this contracted work?	
	Was the work always or most always done according to these timeframes?	
	If not, was it due to the contractor or extenuating circumstances?	
	How frequently were the deadlines missed?	
2.	Was the contractor's work for a Medicaid Single State Agency?	
	If yes, did the contractor work within the State's approval process? Please explain.	
3.	Did the work involve developing policy for publicly funded health care?	
	If yes, was the work grounded in sound research of State and federal statute and regulations?	

	If yes, did work products require minimum editorial work prior to State approval?	
4.	Did the work involve rate-setting and/or financing methodologies?	
	If yes, were the work products based in sound fiscal research and practices?	
5.	Did the work involve collaboration with public stakeholders?	
	If yes, were the collaboration efforts successful?	
6.	With respect to record keeping, did the contractor meet report deadlines?	
	Were reports complete and meaningful?	
	Were claims for reimbursement timely and complete?	
7.	Have there been any audits of work performed by this contractor?	
	If yes, is a copy available to us?	
8.	Would your organization contract with this organization or individual again?	
	If yes, can you name the top two reasons?	
	If no, why not?	
9.	With regard to your experience with this contractor, what was the contractor's greatest strength?	
10.	With regard to your experience with this contractor, what was the contractor's greatest challenge?	
DHS Reference Check Caller Name:		
Telephone Number:		

**Driving Instructions to the Department of Health Services
Office of Medi-Cal Procurement
600 North Tenth Street, Room 240C**



From the North:

Take I-5 South
Exit on Richards Blvd and turn left
Continue on Richards to North Tenth St and turn left

From the South:

Take I-5 North
Exit on Richards Blvd. and turn right
Continue on Richards to North Tenth and turn left

- **For Drop-off of documents and packages:**
Review "California State Lottery Map" (on reverse)
Find the "Wedge" – Building B, Entrance 8

